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*Facsimile Transmittal***DATE:** August 7, 2006**TO:** Commissioner for Patents**ATTN:** Examiner: Nguyen Thanh Vo
Art Unit: 2685**FAX NUMBER:** (571) 273-8300**FROM:** Larry J. Moskowitz, Attorney for Applicant
Registration No. 42,911**Total Number of Pages Sent:** 15 (including this transmittal cover sheet)

FILING BY FACSIMILE:

ATTORNEY DOCKET NO.: 010248C1

ENCLOSED ARE:

- Amendment Transmittal (1 page, in duplicate)
- Amendment (9 pages)
- Three (3) Terminal Disclaimers (3 pages)

APPLICANT: Walton et al.**ASSIGNEE:** QUALCOMM Incorporated**SERIAL NO.:** 10/696,630**FILED:** October 29, 2003**FOR:** METHOD AND APPARATUS FOR ALLOCATING DOWNLINK RESOURCES IN A MULTI-INPUT MULTIPLE-OUTPUT (MIMO) COMMUNICATION SYSTEM

Please contact Kate Lane at (858) 658-2047 if all pages do not transmit.

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CENTRAL FAX CENTERMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 010248C1
In Re Application of: Walton et al.
Serial Number: 10/696,630
Filed: October 29, 2003
Examiner: Nguyen Thanh Vo
Group Art Unit: 2685

AUG 07 2006

Dear Sir:

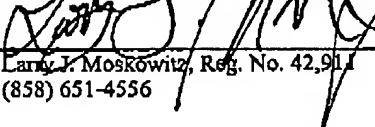
Transmitted herewith for filing is a Response to Office Action in the above identified application.

| CLAIMS | (a) Number Remaining After Amendment | (b) Highest Number Previously Paid For | (c) Extra Claims | Large Entity Fee | Fee Paid |
|--|--------------------------------------|--|------------------|------------------|----------|
| Total* | 18 | 18 | 0 | x \$50 = | \$0 |
| Independent** | 5 | 5 | 0 | x \$200 = | \$0 |
| Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | \$360 | \$0 |
| EXTENSION FEES | | <input type="checkbox"/> One Month | | \$120 | \$0 |
| | | <input checked="" type="checkbox"/> Two Months | | \$450 | \$450.00 |
| | | <input type="checkbox"/> Three Months | | \$1020 | \$0 |
| TERMINAL DISCLAIMER | | | | \$130 (x 3) | \$390.00 |
| | | | | TOTAL FEE | \$840.00 |

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
 5. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$840.00.
 The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
 6. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: August 7, 2006Signature: Larry J. Moskowitz, Reg. No. 42,911
(858) 651-4556

QUALCOMM Incorporated
 Attn: Patent Department
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CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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